

## Social Security Authorization for Release / Instructions

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**(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)**

BE SURE TO GET LOCAL OFFICE INFORMATION AT THE END OF PROCESSING YOUR CLAIM.

Do you have a copy of your current award letter?                      Yes                      No

If Yes, you will need to make a copy of your current award letter and mail/fax it to your local office within five (5) working days from the day you submitted your claim.

If No, you will need to print this form, read the statement below, complete the Claimant Information area and mail/fax this form to the local office within five (5) working days from the day you submitted your claim.

I agree to the request by the Illinois Department of Employment Security for the information from the Social Security Administration, which is required by law in connection with my claim for Unemployment Insurance benefits, and consent to the furnishing of the requested information by the Social Security Administration irrespective of whether the Privacy Act of 1974 (5 U.S.C. 552A) would preclude the release of the information without consent.

<b>Claimant Information</b>		
Last Name:	First Name:	MI:
Social Security Number:                      /                      /		
Claimant Signature:		Date:

SSA Office Use Only	
<b>To be completed by the Social Security Office:</b>	
What is the Gross amount this individual receives based on his/her <b>own</b> earnings?	\$
What is the Effective Date of the Social Security Benefits?	/                      /
Name:	Date:
Title:	